

SOUTH CAROLINA EMPLOYMENT SECURITY COMMISSION

APPLICATION FOR LEAVE TO APPEAL TO COMMISSION

Claimant's Name _____ SSN _____

Address _____ Date of
Initial Claim _____

Employer's Name _____

Address _____

Party Appealing _____

On _____, I received Appeal Tribunal Decision No. _____
mailed to me on _____ and ask for review of the record on the following grounds:

*If appeal is untimely, state the reason. If appellant failed to attend Appeal Tribunal hearing, state the reason and whether postponement was requested:

I know that I must continue to file my claims for each week of unemployment during the pendency of this appeal, I know that I can only be paid for those weeks that I have timely claimed. If I have received benefits and am ruled disqualified or ineligible, I know that I will be required to repay the benefits I have received for that time period.

****As a Board of Review, the Commission is confined solely to the record submitted by the Appeal Tribunal and does not accept additional evidence or testimony in its consideration of the appeal.**

Appellant _____

Signed by _____

Title _____ Date _____

(For Local Office Use Only)

Filed at _____ Date _____
(Name and Number of Local Office)

Received by _____
(Local Office Representative)